ATTORNEY OR PART	'Y WITHOUT ATTORNEY (Name and Address): TELEPHONE NO.:	FOR COURT USE ONLY
_		
ATTORNEY FOR (Nam	·	
SUPERIOR COL	JRT OF CALIFORNIA, COUNTY OF	
STREET ADDRES	S:	
MAILING ADDRES		
CITY AND ZIP COD		
PETITIONER		
FEITHONEN	/FLAINTIFF.	
RESPONDENT/D	EFENDANT:	
	INCOME AND EXPENSE DECLARATION	CASE NUMBER:
Step 1 Attachments to this summary  I have completed Income Expense Child Support Information forms.  Child Support Information Form. If your only income is AFDC, do not complete the Income Information Form.)		
Step 2 Answer all questions that apply to you	1. Are you receiving or have you applied for or do you intend to apply for welfare or AFDC?  Receiving Applied for Intend to apply for No  2. What is your date of birth (month/day/year)?	
	3. What is your occupation?	
	4. Highest year of education completed:  5. Are you currently employed? Yes No  a. If yes: (1) Where do you work? (name and address):	
	a. ii yoo. (1) viilolo do you work. (namo and dadroso).	
	(2) When did you start work there (month/year)?	
	6. What is the total number of minor children you are legally obligated to	
	, , ,	
Step 3	7. Net monthly disposable income (from line 16a of Income Information):	\$
Monthly income information		
	8. Current net monthly disposable income (if different from line 7, explain below or on Attach-	
	ment 8):	\$
Step 4 Expense	9. Total monthly expenses from line 2q of Expense Information:	\$
information	10. Amount of these expenses paid by others:	· · · · · · · · · · · · · · · · · · ·
Step 5 Other		
party's income	11. My estimate of the other party's gross monthly income is:	\$
Step 6	I de clear un des manels est a miner un des stre le con est stre Obeta est Obeta	
Date and sign this form	I declare under penalty of perjury under the laws of the State of Califormation forms are true and correct.	ornia that the foregoing
Date:		
	•	
	(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)
	· · · · · · · · · · · · · · · · · · ·	Petitioner Respondent
		<del></del>
		Page one of